



DEP2-REF

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

| | | |
|---|-----------------------------|------------------------|
| Application Number | 10/619,541 | |
| | Filing Date | July 16, 2003 |
| | First Named Inventor | John M. HECKLINGER |
| | Group Art Unit | 3661 |
| | Examiner Name | Gertrude A. Jeanglaude |
| Attorney Docket Number | 023880-4 | |
| Total Number of Pages in This Submission | | |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|--|
| Firm or Individual name | Tim Brackett, Reg. No. 36,092 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature | |
| Date | February 22, 2006 |

CERTIFICATE OF MAILING OR TRANSMISSION

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| Date | |

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| | | |
|---|--|--------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 023880-4 |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____ | In re Application of John M. HECKLINGER | |
| | Application Number 10/619,541 Filed 07/16/2003 | |
| | For SYSTEM AND METHOD FOR GENERATING VEHICLE HISTORY INFORMATION | |
| | Group Art Unit 3661 | Examiner Gertrude A. JEANGLAUDE |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

| | |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ <u>450.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | \$ _____ |

☐ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380.
I have enclosed a duplicate copy of this sheet.

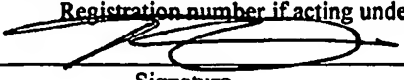
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

| | |
|--|----------------------------------|
|  Signature | January 23, 2006 Date |
| Tim Brackett, Reg. No. 36,092 Typed or printed name | 202-585-8000 Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

1/25/2006 HRL111 00000086 192380 10619541

1 FC:1252 450.00 DA

Adjustment Date: 03/21/2006 SDIRETA1
01/25/2006 HRL111 00000086 192380 10619541
01 FC:1252 450.00 CR

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03/21/2006 SDIRETA1 00000012 192380 10619541

01 FC:2552 225.00 DA